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Bib Data Sheet

CONFIRMATION NO. 1448

SERIAL NUMBER 09/406,290	FILING DATE 09/24/1999  RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 37168/82045
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## APPLICANTS

JEFFREY K. DELLINGER, FORT WAYNE, IN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/101,883 09/25/1998  
 and claims benefit of 60/115,570 01/12/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/15/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 15	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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 600 ONE SUMMIT SQUARE  
 FORT WAYNE , IN  
 46802

## TITLE

METHOD AND APPARATUS FOR PROVIDING RETIREMENT INCOME BENEFITS

FILING FEE  RECEIVED 1864	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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SERIAL NUMBER 09/406,290	FILING DATE 09/24/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 37168/82045
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APPLICANT

JEFFREY K. DELLINGER, FORT WAYNE, IN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/101,883 09/25/98  
PROVISIONAL APPLICATION NO. 60/115,570 01/12/99

*verified*  
*CRB*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED *none*  
*CRB*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED *none*  
*CRB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <i>CRB</i> Examiner's Initials	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials <i>CRB</i>	STATE OR COUNTRY IN	SHEETS DRAWING 15	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
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TITLE

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